

Home Health Technical Advisory Committee Meeting Minutes

January 24, 2014

TAC Members Present:

Susan Stewart- KHCA, Appalachian Regional Healthcare Home Care
Rebecca Cartright- KHCA, Central Baptist Hospital Home Health
Sharon Branham-KHCA, Highlands Home Health
Brenda Hagan- Green River District Home Health

Department for Medicaid Services (DMS) staff present:

Elizabeth Justus- Division of Policy and Operations
David Dennis- Branch Manager, Division of Fiscal Management
Erin Varble- Director's Office, Division of Community Alternatives
Earl Gresham- Assistant Director, Division of Community Alternatives
Catherann Terry, RN, NCI-Division of Program Quality and Outcomes, EPSDT
Karen Martin, Director-Division of Community Alternatives
Ellenore Callan, RN, NCI-Division of Community Alternatives
Michele Bushong- Office of Health Policy

MCO Representatives Present:

Helen Homberger-Humana Care Source
Ted A. Cummings (sp.?) - Coventry Cares of KY
Peg Patton- Anthem
Matt Fitzner, Director HCMS- Anthem
Patricia Russell- Wellcare
Noel Harilson- Passport

Others present:

Nikki Martin- HP

The Home Health Technical Advisory Committee (TAC) met on January 24, 2014 at 1 PM.

- I. Meeting was called to order by Sharon Branhan, KHCA.
- II. Introductions
- III. A motion was made, seconded and approved to accept the minutes from the November 2013 meeting.
- IV. **Emergency CON-** Guest Speaker- Michele Bushong, with the Office of Health Policy.
 - a. Had a handout, see (CON Handout).
 - i. Need to alleviate emergency, must be a licensed provider of whatever service is needed, licensed by OIG. Notify HP within 5 days of alleviating emergency.
 - ii. IF it goes over 60 days, then must go through emergency CON process, limited to that one emergency.
 - b. Sharon- See if we can open up dialog to discuss the REG for CONs.
 - i. Providers who are not providing specific services for a patient.

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- ii. Get an Emergency CON.
- iii. Apply for a CON, by means stated above, for services longer than 60 days.
- iv. Reg states that any party that would be affected, they can file as an affective party.
 - 1. Doesn't mean they are going to alleviate the need.
 - 2. Those trying to actually alleviate the need, have to have a hearing in order to provide the services.
- v. An agency with money will file as an affective party and will try to strong arm you into signing an agreement of their own, and they will back off.
- vi. During all of this, what happens with the patient who needs these services?
 - 1. Get one shot, if they rule against; then patient is left without care or they are left with a provider who doesn't actually provide the care.
 - 2. No one there to check up with these agencies and make sure they follow through with the services.
- vii. How can we make this REG work for everyone? With the Waiver programs and the services needed.
- viii. Have only 2 ventilator hospitals in the entire state.
- c. Executive Director or Health Policy- Emily Pareto. IF you have suggestions, comments please feel free to contact her.
 - i. TAC, MAC, suggest a reg change. Since Health Policy is separate from Medicaid.
 - ii. Many Regs opened due to ACA, may have an opportunity to comment/make suggestions when they come open. Just don't know if any of the CON REG was affected.
 - iii. Someone would have to request the CON reg to be opened for change.
- d. Maybe do it as a Policy Clarification?
- e. Karen to get with Diona and Michele see what we can do to fix this.
 - i. Mainly a HH issue.
- f. Supply Only- Emergency Acknowledgement for 12 counties. Total of 13 counties. Not sure how they left off last county.
 - i. Sharon looked up, and as of January, issues had been deferred.
 - ii. Cabinet needs to send letter saying they start supplying or they will lose their CON.
- g. Waiver/Traditional patients can't get supplies. MCO's have a DME companies that provide supplies.
- h. Sharon to get list of other counties that don't have supplies from Brenda.
- V. **EPSDT EPISODES-** Limits still being applied from Well Care and Coventry.
 - a. EPSDT Waiver clients shouldn't be under MCO. Straight EPSDT clients should be under MCOs.
 - b. Want to move from a 30 day to a 60 day PA; Prior history and Waiver has always been 6 months, because progress is slow. No hard limits; as long as client meets medical necessity.
 - c. Apparently not consistent across the state. Well care gives 6 mos. In the western part of state. Coventry gives 12 weeks automatically.
 - d. Pat to look into what is different. Info given compared to INTERQAL standards

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- i. Criteria are the same; however the information submitted is not always consistent.
 - ii. Reviewers always base decisions on the info submitted.
 - e. Tim Cummings, Coventry, to look into same thing.
 - i. Are they applying the criteria consistently from provider to provider?
 - f. Feedback prior to next TAC.
- VI. **Medicaid Retros-** IS there a way to honor another providers PA automatically?
 - a. Don't have to retro all the time. Save on time, money and effort.
 - b. Policy and Operations working on a solution to a similar problem with Hospice right now. Hopefully, can get everyone together and come up with a plan to fix this problem.
- VII. **Program Codes-** IS there a place to find the Program Codes on the website?
 - a. Called member eligibility- they don't know either.
 - i. Karen to see if Jennifer Harp or Della from IT know where they are.
 - b. KY HHealthnet- try to print a PA, now it is locked. Won't print, try to fax- it is blank.
 - i. Karen to talk to Lee Guice and OATS; set up a meeting and see if we can fix that.
- VIII. **Supply Only-** Michele to follow up on the CON.
 - a. Brenda has a list of additional counties.
- IX. **Coventry-** Submit a PA with everything by INTERQAL standards. Doc Denies.
 - a. Sharon called office and left message to talk to Holly Garcia- never returned call. Sharon followed up several more times, never heard a peep.
 - b. When this happens, shouldn't the MCO doc. Have to sign off on it to change. Prescribing physicians not happy about their orders being changed.
 - i. Sharon to meet with Dr. Langfeld about this issue. Dr. Langfeld has periodic meetings with all the Medical Directors of the MCO. Can discuss.
- X. **Debbie Anderson- Director for Department for Aging and Independent Living (DAIL)**
 - a. Came to talk about the Aging Population in Kentucky. (had 2 handouts- See DAIL handout 1 and 2)
 - b. Making changes to the HCB Waiver, which will in turn affect Home Health.
- XI. **Deloitte waiver Management site visits.**
 - a. Creating a Waiver Management system that interfaces with HBE.
 - b. Deloitte wants to come out to the waiver providers and then have the providers send emails.
 - i. Visits would be a couple hours long, meet with Executive Directors, case managers.
 - c. Correspond with letters/emails to make a management system that works for everything and everyone.
- XII. **HH Aides-** Waivers/Duplication of Services. Per Sharon and Rebecca
- XIII. **Minutes on the Website-** I will get with Ronji and see if we can start doing this.
- XIV. **Personal Care-** Can only get personal care on the waiver- will lose Medicaid card. Lost in 60 days. (see HH-Prospective Payment System(pps) handout 7-11-13)
- XV. **Next meeting-** Mar. 18th
- XVI. **Adjourned**